

CHECK SELLERS CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO EXAMINE TRUST ACCOUNTS

To: State of Washington
Department of Financial Institutions
Division of Consumer Services

For: _____
company name

The undersigned, the principal officer of the above listed licensee, hereby certifies that such firm has established and maintains a trust account(s) {"Trust Account"} in compliance with the Check Cashers and Sellers Act, RCW 31.45.080, and that each Trust Account held for this purpose is correctly identified below:

Trust Account No.: _____
Financial Institution: _____
Branch: _____
Street Address: _____

Trust Account No.: _____
Financial Institution: _____
Branch: _____
Street Address: _____

The undersigned hereby authorizes the Director of the Department of Financial Institutions, or his designee, to examine the above described Trust Account(s). The undersigned further authorized the above listed financial institution(s) to release to the Director, or his designee, information relating to the Trust Account(s) listed above, such information to include all account records and information.

signature of officer

print officer's name

date

title

BANK VERIFICATION

Account No.: _____
Date established: _____
Verified by: _____
print bank representative's name
Signature: _____
Title: _____ Date: _____

Account No.: _____
Date established: _____
Verified by: _____
print bank representative's name
Signature: _____
Title: _____ Date: _____

(BANK SIGNATURE MUST BE NOTARIZED)

Signed and sworn before me by: _____
this _____ day of _____ 20____

Signature of Notary Public
Notary Public in and for the
State of _____
County of _____
My appointment expires: _____